

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
PO Box 299
Trenton, New Jersey 08625-0299

RESOLUTION

Notice of Domestic Partner Health Benefits Provided by a Non-SHBP Employer

A **RESOLUTION** to notify the New Jersey State Health Benefits Program (SHBP) of the adoption of Domestic Partnership health benefits coverage through a program other than the SHBP in accordance with Chapter 246, P.L. 2003, and N.J.A.C. 17:1-5.5.

BE IT RESOLVED:

1. The _____, _____,
Name of Employer County
hereby resolves to provide health benefit coverage under the Domestic Partnership Act, Chapter 246, P.L. 2003, and N.J.A.C. 17:1-5.5, for all the active and retired employees and their same-sex domestic partners thereunder.
2. Hereby notifies the New Jersey State Health Benefits Program that it is providing domestic partner coverage through a program other than the State Health Benefits Program for all active employees and for any covered retired employees who are not eligible for enrollment in the State Health Benefits Program.
3. Hereby notifies the New Jersey State Health Benefits Program that coverage should be extended to the eligible same-sex domestic partners of any retired employees who are eligible for enrollment in the State Health Benefits Program.
4. Hereby notifies the New Jersey State Health Benefits Program that it has elected to provide the above named benefits in accordance with the statute and regulations adopted by the State Health Benefits Commission.
5. As a non-participating employer, we will notify the New Jersey State Health Benefits Program of any future change or cancelation of our election to provide health benefit coverage under the Domestic Partnership Act in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
6. That domestic partnerships must meet the requirements of the Domestic Partnership Act; that coverage is limited to same-sex domestic partnerships and a *Certificate of Domestic Partnership*, obtained from the State of New Jersey through application to the employee's Local Registrar (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships), must be made available upon request of the employer and/or the State Health Benefits Program.
7. We hereby appoint the _____ to act as
Title
Certifying Officer in the administration of this program.
8. This resolution shall take effect immediately and coverage shall be effective as of _____
Date
or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

Corporate Name of Employer
on the _____ day of _____, 20____.

Street Address

City State ZIP Code

Signature

Official Title

Area Code Telephone Number